



CERTIFICATE OF MAILING

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1. *[Signature]* *[Signature]*
David H. Brinkman, Reg. No. 40,532

6/17/02
Date

3762
8/a
B. Webb
7/29/02

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Paul A. Spence
Serial No.: 09/557,562
Filed: April 25, 2000
Group Art Unit: 3762
Confirmation No.: 7770
Examiner: Mark Bockelman
Title: **SUPPLEMENTAL HEART PUMP METHODS AND SYSTEMS FOR
SUPPLEMENTING BLOOD THROUGH THE HEART**
Atty Docket No. SPEN-15

RECEIVED
TECHNOLOGY CENTER R3700
JUN 28 2002

Cincinnati, Ohio 45202

June 17, 2002

Assistant Commissioner for Patents
Washington, D.C. 20231

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.
2. Small Entity status is claimed.
 Other than a Small Entity.
3. The fee has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY		LARGE ENTITY	
Claims Remaining After Amendment		Highest No. Previously Paid For		Extra	Present Rate	Fee	Present Rate	Fee
TOTAL	20	MINUS	19	= 0	x \$9	\$0	x \$18	\$0
INDEP.	4	MINUS	5	= 0	x \$42	\$0	x \$84	\$0
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ \$140	\$0		+ \$280	\$0
TOTALS				TOTAL FEE	\$0	TOTAL FEE	\$0	

- ☆ If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ☆☆ If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- ☆☆☆ If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid for" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

X No additional fee for claims is required.

4. Attached is a check in the sum of \$____.

____ Please charge my Deposit Account No. 23-3000 in the amount of \$____.

5. The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply.

Complete (a) or (b) as applicable.

(a) ____ Applicant petitions for an extension of time under 37 CFR 1.136 for the total number of months checked below:

Extension <u>(months)</u>	Fee for other than <u>small entity</u>	Fee for <u>small entity</u>
one month	\$ 110.00	\$ 55.00
two months	\$ 390.00	\$195.00
three months	\$ 890.00	\$445.00
four months	\$1,390.00	\$695.00

 Attached is a check in the amount of \$ for the month extension fee as required by 37 C.F.R. § 1.17(c)

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

 An extension for months has already been secured and the fee paid thereof of \$ is deducted from the total fee due for the total months of extension now requested. Extension fee due with this request \$.

OR

(b) X Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

X If any additional fee for claims or extension of time is required, charge Account No. 23-3000.

Respectfully submitted,

WOOD, HERRON & EVANS, L.L.P.



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